Newswander Curtis Foot & Ankle
Request for Confidential Communications

Patient Name _____ Birth Date_____

Social Security Number_____

I hereby request that all communications to me (by telephone, mail, or otherwise) by Bradley L Newswander, DPM, PLC and/or its staff be handled in the following manner.

- For written communications: Address to: _____
  _____
  _____
  _____
- For oral communications: Call: (____)_____
  or Call: (____)_____
  May we leave a message? Yes No

I understand that this request will not affect any action Bradley L Newswander, DPM, PLC took in compliance with its Notice of Privacy Practices before it received this request. This request will be effective as of the date signed and will be valid unless revoked in writing.

_____	_____	_____
Signature of Patient	Printed Name of Patient	Date
_____	_____	_____
Signature of Parent/Legal Guardian	Printed Name of Parent/Legal Guardian	Date